

## SENATE BILL No. 293

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### DIGEST OF INTRODUCED BILL

**Citations Affected:** IC 34-6-2-99; IC 34-30-15-8.

**Synopsis:** Medical peer review. Provides for use of a peer review committee by a medical school located in Indiana. Allows sharing of peer review information between a medical school peer review committee and another peer review committee.

**Effective:** July 1, 2015.

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**Miller Patricia**

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January 8, 2015, read first time and referred to Committee on Health & Provider Services.

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First Regular Session 119th General Assembly (2015)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2014 Regular Session and 2014 Second Regular Technical Session of the General Assembly.

## SENATE BILL No. 293

A BILL FOR AN ACT to amend the Indiana Code concerning civil procedure.

*Be it enacted by the General Assembly of the State of Indiana:*

- 1       SECTION 1. IC 34-6-2-99 IS AMENDED TO READ AS  
2       FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 99. (a) "Peer review  
3       committee", for purposes of IC 34-30-15, means a committee that:  
4       (1) has the responsibility of evaluation of:  
5       (A) qualifications of professional health care providers;  
6       (B) patient care rendered by professional health care  
7       providers; or  
8       (C) the merits of a complaint against a professional health care  
9       provider that includes a determination or recommendation  
10      concerning the complaint, and the complaint is based on the  
11      competence or professional conduct of an individual health  
12      care provider, whose competence or conduct affects or could  
13      affect adversely the health or welfare of a patient or patients;  
14      and  
15      (2) meets the following criteria:  
16      (A) The committee is organized:



(i) by a state, regional, or local organization of professional health care providers or by a nonprofit foundation created by the professional organization for purposes of improvement of patient care;

(ii) by the professional staff of a hospital, another health care facility, a nonprofit health care organization (under section 117(23) of this chapter), ~~or~~ a professional health care organization, **or a medical school located in Indiana;**

(iii) by state or federal law or regulation;

(iv) by a governing board of a hospital, a nonprofit health care organization (under section 117(23) of this chapter), or professional health care organization;

(v) as a governing board or committee of the board of a hospital, a nonprofit health care organization (under section 117(23) of this chapter), or professional health care organization;

(vi) by an organization, a plan, or a program described in section 117(16) through 117(17) of this chapter;

(vii) as a hospital or a nonprofit health care organization (under section 117(23) of this chapter) medical staff or a section of that staff; or

(viii) as a governing board or committee of the board of a professional health care provider (as defined in section 117(16) through 117(17) of this chapter).

(B) At least fifty percent (50%) of the committee members are:

(i) individual professional health care providers, the governing board of a hospital, the governing board of a nonprofit health care organization (under section 117(23) of this chapter), or professional health care organization, or the governing board or a committee of the board of a professional health care provider (as defined in section 117(16) through 117(17) of this chapter); or

(ii) individual professional health care providers and the committee is organized as an interdisciplinary committee to conduct evaluation of patient care services.

(b) However, "peer review committee" does not include a medical review panel created under IC 34-18-10 (or IC 27-12-10 before its repeal).

SECTION 2. IC 34-30-15-8 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 8. (a) Communications to, the records of, and determinations of a peer review committee may only be disclosed to:



(1) the peer review committee of:

(A) a hospital;

(B) a nonprofit health care organization (described in IC 34-6-2-117(23));

(C) a preferred provider organization (including a preferred provider arrangement or reimbursement agreement under IC 27-8-11);

(D) a health maintenance organization (as defined in IC 27-13-1-19) or a limited service health maintenance organization (as defined in IC 27-13-34-4); ~~or~~

(E) another health facility; **or**

**(F) a medical school located in Indiana of which the professional health care provider who is the subject of the peer review is a faculty member;**

(2) the disciplinary authority of the professional organization of which the professional health care provider under question is a member; or

(3) the appropriate state board of registration and licensure that the committee considers necessary for recommended disciplinary action;

and shall otherwise be kept confidential for use only within the scope of the committee's work, unless the professional health care provider has filed a prior written waiver of confidentiality with the peer review committee.

(b) However, if a conflict exists between this section and IC 27-13-31, the provisions of IC 27-13-31 control.

